MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (151-a)

CERTIFICATE OF DEATH

10889

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred: Emergency Hospital

How long in hospital or institution? 13 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Queen Anne

City or town Centreville

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Helen Benton

3. (b) Social Security Number No

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	married

6.(b) Name of husband or wife Samuel J. Benton

6.(c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) Mar. 9. 1896

8. AGE: Years	Months	Days	If less than one day
44	5	26	hrs. min.

9. Birthplace Phila. Pa. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own Home

FATHER 12. Name P. F. Davis

FATHER 13. Birthplace Pennsylvania

MOTHER 14. Maiden name Susie Greenway

MOTHER 15. Birthplace Virginia

16. Informant Samuel J. Benton

Address Centreville, Md.

17. Burial (Burial, cremation, or removal) Which? Date thereof 10/8/40 (month) (day) (year)

Cemetery or crematory Chesterfield

Location Centreville, Md.

18. Funeral director Barton Bros.

Address Centreville, Md.

19. 10/5 1940 (Date rec'd by registrar) N. H. Nemer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 5 1940, at 11 10 (a.m.) M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 22 1940, to Oct. 5 1940

and that I last saw her alive on Oct. 5 1940

Immediate cause of death	DURATION
Cardio. renal Disease	2 yrs?
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE B. Cox M. D.

M. D. or other

Address Easton Md Date signed 10/5/40

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
NOV 6 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (48-B)

10890

CERTIFICATE OF DEATH

Reg. Dist. No. 292

1. PLACE OF DEATH:
County Talbot
City or town Near Trappe Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 53 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Talbot
City or town Trappe, rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Maggie A Blackston

3. (b) Social Security Number ✓

4. Sex: Female
5. Color or race: Colored
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: John H Blackston
6(c) If alive, give age 63 years
7. Birth date of deceased (mo., day, yr.): Aug 8 1887

8. AGE: Years 53 Months 2 Days 7 If less than one day ___ hrs. ___ min.

9. Birthplace Talbot Co Md (Town, county, and state)
10. Usual occupation House wife
11. Industry or business ✓
FATHER 12. Name Thomas Raikes
13. Birthplace Talbot Co.
MOTHER 14. Maiden name Clara Fountain
15. Birthplace Talbot Co
16. Informant Carrie Colston
Address Trappe Md R5
17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 19 1940 (month) (day) (year)
Cemetery or crematory Trappe C Cemetery
Location Near Trappe Md
18. Funeral director Marvin E Neumanson
Address Easton Md
19. Oct 19 1940 (Date rec'd by registrar) Joseph A Ross Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 15 1940, at 4 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 25 1940, to Oct. 15 1940 and that I last saw her alive on Oct 15, 1940.

Immediate cause of death: Carcinomatosis
Due to Primary carcinoma of uterus. Unknown Duration: 18 months. C.W.&P.
Due to
Other conditions Hypertension
(Include pregnancy within 3 months of death)
Major findings:
Of operations ✓
Of autopsy

DURATION ?

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ✓ Date of ✓
Where did injury occur? ✓ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ✓
Means of injury ✓ Injured at work? ✓

23. SIGNATURE P. P. Blewis MD M. D. or other
Address St Michaels Md Date signed 10.16.40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 25 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-1)

10891

CERTIFICATE OF DEATH

Reg. Dist. No. 291

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH:
County: Talbot
City or town: St. Michaels Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or Inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): Life time near town

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Talbot
City or town: St. Michaels Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Susan F. Blades

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

8 (b) Name of husband or wife: Thomas H. Blades
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Feb 24, 1860

8. AGE: Years	Months	Days	If less than one day
80	7	20	hrs. min.

9. Birthplace: Bozman Talbot Co. Md.
(Town, county and state)
10. Usual occupation: House wife
11. Industry or business: Own home
FATHER 12. Name: William Ball
FATHER 13. Birthplace: Talbot Co.
MOTHER 14. Maiden name: Susan Fairbank
MOTHER 15. Birthplace: Talbot Co
18. Informant: Dr. J. H. Hope
Address: St. Michaels, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 15, 1940 (month) (day) (year)
Cemetery or crematory: Cemetery
Location: St. Michaels Md
18. Funeral director: Newnam & Harrison
Address: St. Michaels Md.
19. Oct 17 1940 (Data rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 13 1940, at 10:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 1 1939 to Oct 13 1940 and that I last saw her alive on Oct 13 1940.

Immediate cause of death	DURATION
Chronic Valvular Heart Disease	1
Due to	
Due to	
Other conditions: Arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: J. H. Hope M. D.
M. D. or other
Address: St Michaels Md. Date signed 10/23/40

RECEIVED
NOV 5 1940
BUREAU F. E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (191-2)

CERTIFICATE OF DEATH

10892

Reg. Dist. No. 290

1. PLACE OF DEATH:
County: Talbot Co.
City or town: Easton, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred: WITHIN Emergency Hospital
How long in hospital or institution? 13 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Talbot
City or town: St. Michaels
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Boone, Mary

3. (b) Social Security Number: —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	Col.	Married

6.(b) Name of husband or wife: John Boone
6.(c) If alive, give age: 43 years

7. Birth date of deceased (mo., day, yr.): Sept. 2, 1905

8. AGE: Years: 35 | Months: 1 | Days: 5 | If less than one day: hrs. min.

9. Birthplace: Leonardtown, St. Marys Co. Md.
(Town, county and state)

10. Usual occupation: h-work

11. Industry or business:

FATHER
12. Name: George Turner
13. Birthplace: Compton, Md.

MOTHER
14. Maiden name: Florence Combs
15. Birthplace: Leonardtown, Md

16. Informant: George Turner
Address: Compton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10/9/40 (month) (day) (year)
Cemetery or crematory: Greenmount
Location: Compton, Md.

18. Funeral director: J. N. Marshall
Address: St. Michaels, Md.

19. 10/9 19 40 (Date rec'd by registrar) N. H. Meeres Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 7 1940, at 6 30/a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 27 1940 to Oct. 7 1940 and that I last saw her alive on Oct. 7 1940

Immediate cause of death	DURATION
Chronic Nephritis	?
Duration: Unknown years months days	
Due to	
Due to	
Other conditions: Uremia	?

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: H. D. Hobbs M.D.
M. D. or other
Address: Easton, Md. Date signed 10/10/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 6 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (57-B)

CERTIFICATE OF DEATH

10893

Reg. Dist. No. 294

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Talbot

City or town: Tilghman

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Talbot

City or town: Tilghman

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: James Fletcher Covington

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	~~Widowed~~ Married

6.(b) Name of husband or wife: Maggie Covington

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
80	9	29	..... hrs. ..... min.

9. Birthplace: Tilghman, Talbot, Maryland (Town, county, and state)

10. Usual occupation: Waterman

11. Industry or business

FATHER 12. Name: Unknown

13. Birthplace

MOTHER 14. Maiden name: Unknown

15. Birthplace

16. Informant: Mrs. J. W. Covington

Address: St. Michaels, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 1, 1940 (month) (day) (year)

Cemetery or crematory: Tighman, M. E. Church

Location: Tilghman, Maryland

18. Funeral director: J. N. Marshall

Address: St. Michaels, Md.

19. Nov 1 1940 (Date rec'd by registrar) G. F. Lawson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 30 1940, at 11 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1940 to Oct 30 1940

and that I last saw him alive on Oct 30 1940

Immediate cause of death: Cancer Prostate Gland — DURATION: 1 yr

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Guy M Reese M.D. M. D. or other

Address: Tilghman Md. Date signed Oct 31 1940

RECEIVED
NOV 16 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10894

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot.

City or town Rural Easton. Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 81 yrs

Hospital, Institution, or street address where death occurred:

How long in hospital or Institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Talbot.

City or town Rural Easton. Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Elizabeth M. Davis.

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	W.	Widowed

6.(b) Name of husband or wife Robert Davis.

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Feb. 15, 1859.

8. AGE: Years	Months	Days	If less than one day
81	8	7	..... hrs. ..... min.

9. Birthplace Talbot. (Town, county and state)

10. Usual occupation Retired Housewife.

11. Industry or business

FATHER 12. Name George Pitson

13. Birthplace Md.

MOTHER 14. Maiden name Not Known

15. Birthplace

16. Informant Mrs A. T. Jones

Address Easton Md.

17. Buried. (Burial, cremation, or removal. Which?) Date thereof Oct. 24, 1940 (month) (day) (year)

Cemetery or crematory Unknown

Location Talbot. Md.

18. Funeral director James A. Spence

Address Easton. Md.

19. 10/23 1940 (Date rec'd by registrar) N. H. Meiris Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 22 1940, at 9A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 1940, to 10-22 1940

and that I last saw her alive on 10-22 1940

Immediate cause of death	DURATION
Carcinoma of rectum	1 yr?
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE B. Cox M.D. M. D. or other

Address Easton Md Date signed 10-23-40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
NOV 6 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10895

Reg. Dist. No. 293

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Talbot

City or town Cordova

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) X 38 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot

City or town (If outside city or town limits, write RURAL NEAR and give town) Ward No.

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Emma J. Dean

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	married

6 (b) Name of husband or wife Arthur J. Dean

6(c) If alive, give age 79 years

7. Birth date of deceased (mo., day, yr.) February 3, 1865

8. AGE: Years 75 | Months 8 | Days 2 | If less than one day ____ hrs. ____ min.

9. Birthplace Chambersburg, Pennsylvania (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business own home

FATHER 12. Name David Bowser

FATHER 13. Birthplace Pa.

MOTHER 14. Maiden name Lydia Rock

MOTHER 15. Birthplace Pa.

16. Informant Arthur J. Dean

Address Cordova, Md.

17. Hillsboro Burial (Burial, cremation, or removal. Which?) Date thereof October 17, 1940 (month) (day) (year)

Cemetery or crematory Hillsboro

Location Hillsboro, Md.

18. Funeral director J. A. Spencer

Address Easton, Maryland

19. 10-17- 1940. (Date rec'd by registrar) J. L. Gardner Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH X 10/17/40 19____, at ____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1939 to Oct 5 1940, and that I last saw h e v alive on Oct 5 1940

Immediate cause of death	DURATION
Tuberculosis - Pulmonary	years
Due to Infection i Tubercli Bacilli	
Due to Myocarditis - secondary	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Dt operations none

Dt autopsy V

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Shipley M.D. (M. D. or other)

Address Ridgely Md Date signed 10-15-40

RECEIVED
DEC 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (21-a)

CERTIFICATE OF DEATH

10896

Reg. Dist. No. 291

1. PLACE OF DEATH:
County: Talbot
City or town: St. Michaels out of Town
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Talbot
City or town: St. Michaels Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)
Street No.:
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: S. E. Ellen Denny

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife: Alex. Denny
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): December 25, 1849

8. AGE: Years	Months	Days	If less than one day
90	10	21	hrs. min.

8. Birthplace: Talbot County, Maryland
(Town, county, and state)
10. Usual occupation: I worked for years.
11. Industry or business
FATHER 12. Name: W. W. Kelley
13. Birthplace: Talbot County
MOTHER 14. Maiden name: Caroline Mister
15. Birthplace: Talbot County
16. Informant: Mrs. Albert Stewart
Address: St. Michaels, Maryland
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct. 17, 1940 (month) (day) (year)
Cemetery or crematory:
Location: Easton, Maryland
18. Funeral director: J. Norman Marshall
Address: St. Michaels, Maryland
19. Oct 16th 1940 (Date rec'd by registrar) John Harwood Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 15 1940, at 5:20 AM
21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Oct 14 1940, to Oct 15 1940 and that I last saw h alive on Oct 15 1940.

Immediate cause of death	DURATION
Chronic Nephritis	?
Due to	1
Due to	
Other conditions: Arteriosclerosis	

(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: J. H. Hoffe M. D.
Address: St Michaels Md M. D. or other
Date signed: 10/16/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 5 1940
RELEASED U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (137a)

10897

CERTIFICATE OF DEATH

Reg. Dist. No. 29 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Talbot
City or town Easton, Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
Emergency
How long in hospital or institution? 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Talbot 290
City or town Easton
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Gay, Mr. Peyton

3.(b) Social Security Number No

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	M.

6.(b) Name of husband or wife Mrs. Sadie Gay
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) November 7, 1854

8. AGE: Years 85 Months 10 Days 28 If less than one day ..... hrs. ..... min.

9. Birthplace Easton, Talbot Co., Md.
(Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business

FATHER 12. Name Peyton Gay
13. Birthplace Md.

MOTHER 14. Maiden name Unknown
15. Birthplace

16. Informant Mrs. Sadie Gay (wife)
Address 925 N. Lemmon St. Bal. Md.

17. Easton Burial (Burial, cremation, or removal. Which?) Date thereof 10/7/40 (month) (day) (year)

Cemetery or crematory Easton
Location Easton

18. Funeral director John D. Mullikin
Address Easton Md.

19. 10/7 1940 (Date rec'd by registrar) N. H. Nevins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 5 1940, at 10 15 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 2 1940 to Oct. 5 1940 and that I last saw h. alive on Oct. 5 1940

	DURATION
Immediate cause of death	
Uremia	2 days
Due to Hypertrophied Prostate	4 yrs
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE P E Cox M. D.
M. D. or other
Address Easton Md. Date signed 10/7/40

RECEIVED
OCT 17 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 87C

10898

CERTIFICATE OF DEATH

Reg. Dist. No. 294

1. PLACE OF DEATH:

County Talbot

City or town McDaniel
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Two months

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Talbot

City or town Rural McDaniel Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Maggie Nora Harrison

3.(b) Social Security Number None

4. Sex: female

5. Color or race: white

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: William D. Harrison

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): May 15, 1877

8. AGE: Years 63 | Months 5 | Days 14 | If less than one day ... hrs. ... min.

9. Birthplace: Tilghman Md.
(Town, county, and state)

10. Usual occupation: housewife

11. Industry or business: own home.

FATHER
12. Name: Gustavus Sinclair
13. Birthplace:

MOTHER
14. Maiden name: Tobitha Walker.
15. Birthplace:

16. Informant: Eva B. Kelly.
Address: 216 Glen Ave. Annapolis Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10 (month) 31 (day) 40 (year)

Cemetery or crematory: Tilghman M. E.

Location: Tilghman Md.

18. Funeral director: J. Norman Marshall
Address: St. Michaels Md.

19. Oct 30th 1940 (Date rec'd by registrar) Anna Carey Thomas. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 29 1940 at 7 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 1939 to Oct 29 1940 and that I last saw her alive on Oct 24 1940

Immediate cause of death: Parkinson's Disease — DURATION: 12 years

Due to

Due to

Other conditions: Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ... Injured at work?

23. SIGNATURE: Guy M Reeser MD
M. D. or other

Address: Tilghman Md. Date signed Oct 30 1940

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 9 1940
BUREAU V. R.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10899

1. PLACE OF DEATH (195-e)

County Talbot Registration Dist. No. 294

Village or City Sherwood No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Charles Hignutt

(a) Residence: No. Claiborn Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓

6. DATE OF BIRTH (month, day, and year): Oct. 23. 1927

7. AGE: Years 12 Months 11 Days 23 If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Student

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Primary School

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cumberland Co. (State or country) New Jersey

FATHER

13. NAME Edward Hignutt

14. BIRTHPLACE (city or town) Port Norris (State or country) New Jersey

MOTHER

15. MAIDEN NAME Cleta Riggins

16. BIRTHPLACE (city or town) Dorchester Co. (State or country) Md.

17. INFORMANT Cleta Riggins (Address) Claiborne

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Dorchester M.P. Date 10-18-, 1940 Cambridge Md

19. UNDERTAKER Norman Marshall (Address) St. Michaels Md

20. FILED October 18th 1941 Anna Carey Thomas Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct (Month) 16 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct 16, 1940, to Oct 16, 1940

I last saw h___ alive on Never, 19___; death is said to have occurred on the date stated above, at 6 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Exposure	Oct 15

Other Contributory Causes of Importance:

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Dispensary open all night

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ___

(Signed) Guy M. Reese M. D.

(Address) Elgin Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

NOV 9 1940
BUREAU V. S.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

CERTIFICATE OF DEATH

10900

Reg. Dist. No. 297

1. PLACE OF DEATH:
County Talbot
City or town Wittman
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Talbot
City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Herbert C. Jones

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Carrie Thomas
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 26 1874

8. AGE: Years 65 | Months 11 | Days 14 | If less than one day hrs. min.

9. Birthplace Wittman
(Town, county, and state)

10. Usual occupation Waterman

11. Industry or business

FATHER 12. Name Noah F. Jones
13. Birthplace Wittman Md.

MOTHER 14. Maiden name Martha Jones
15. Birthplace Wittman Md.

16. Informant Mrs Carrie Jones
Address Wittman Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 10, 1940 (month) (day) (year)
Cemetery or crematory Cemetery
Location St. Michaels, Md
18. Funeral director Newnam & Harmon
Address St. Michaels,

19. Oct 9 1940 Anna Casey Thomas
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 8 1940, at 5 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 6 1940 to Oct 7 1940, and that I last saw him alive on Oct 7 1940.

	DURATION
Immediate cause of death Cerebral Hemmorhage	2 days
Due to Hypertension	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Guy M Reed M.D.
M. D. or other
Address Tilghman Md Date signed Oct 9 1940

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
NOV 9 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Dr 16901

(83-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Rural, Easton Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 yrs.

Hospital, institution, or street address where death occurred: "Outside"

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Talbot

City or town Rural Easton Md

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war ✓

3. (a) FULL NAME Martha Augusta Jones

3. (b) Social Security Number ✓

4. Sex F.

5. Color or race W.

6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife Theodore Jones

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) July 22, 1852

8. AGE: Years 88 Months 2 Days 11 If less than one day ..... hrs. ..... min.

9. Birthplace Talbot County Md

(Town, county, and state)

10. Usual occupation Retired

11. Industry or business

FATHER 12. Name Hadaway Cooper

13. Birthplace Md.

MOTHER 14. Maiden name Elizabeth Bailey

15. Birthplace Md.

16. Informant Mrs Bethesda Wells

Address Easton Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10/7/40 (month) (day) (year)

Cemetery or crematory Spring Hill

Location Easton Md

18. Funeral director James A. Spencer

Address Easton Md

19. 10/4 1940 N. H. Neeries

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 3 1940 at 5 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 20 1940 to Oct 3 1940 and that I last saw her alive on Oct 3, 1940 19

Immediate cause of death	DURATION
Cerebral Hemorrhage	1 day
Due to	
Due to Arteriosclerosis	years
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations no

Date of op.

Autopsy results no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: no

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. McC. Stevens M. D. or other

Address Easton Md Date signed 10-4-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 6 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-a)

10902

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
County Talbot
City or town Easton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: no
Stay in hospital or inst. (yrs., or mos., or days) no
Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Talbot
City or town Easton, Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 26 Aurora St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Florence Landman

3. (b) Social Security Number no

4. Sex: female
5. Color or race: a a
6. (a) Single, married, widowed, or divorced: widow
6 (b) Name of husband or wife: George Landman
6 (c) If alive, give age: dead years
7. Birth date of deceased (mo., day, yr.): about 1852

8. AGE: Years: about 88 | Months: — | Days: — | If less than one day: hrs. min.

9. Birthplace: Talbot County (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: no

FATHER
12. Name: unknown
13. Birthplace: unknown

MOTHER
14. Maiden name: unknown
15. Birthplace: unknown

16. Informant: Mrs. Grace B. Kellem
Address: Easton Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 9/40 (month) (day) (year)
Cemetery or crematory: Proppe
Location: Proppe Md

16. Funeral director: James F. Stewart
Address: Salisbury Md

19. 10/7 (Date rec'd by registrar) 1940 N. H. Neirus Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 6 1940, at 11 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 5 1940, to Oct. 1940 and that I last saw her alive on Oct. 6 1940.

Immediate cause of death: Acute Myocarditis — DURATION: 1 mo.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Haynard J. Webb M.D. M. D. or other
Address Easton, Md. Date signed 10/6/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 6 1940

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (131-a)

Dr Lewis 10903

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
County Talbot
City or town Copperwille Talbot Co Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Easton R D.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 68 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Talbot
City or town Copperwille Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Easton R.D.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Lizzie Lewis
3. (b) Social Security Number ✓

4. Sex Female
5. Color or race Colored
6. (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Robert R Lewis
6(c) If alive, give age about 70 years
7. Birth date of deceased (mo., day, yr.) About 1872
8. AGE: Years 68 Months Unknown Days If less than one day hrs. min.
9. Birthplace Talbot Co Md
(Town, county, and state)
10. Usual occupation Housework
11. Industry or business ✓
FATHER
12. Name Perry Blake
13. Birthplace Talbot County
MOTHER
14. Maiden name Unknown
15. Birthplace
18. Informant James E. Lewis
Address Easton Route 2
17. Burial (Burial, cremation, or removal, Which?) Date thereof 10/15/40 (month) (day) (year)
Cemetery or crematory Copperwille Md
Location "
18. Funeral director James A. Spence
Address Easton Md
19. 10/15 1940 (Date rec'd by registrar) N. H. Neeves Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 13, 1940, at 7 P. M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1 1940 to Oct 13 1940 and that I last saw her alive on October 13, 1940.
Immediate cause of death Acute Uremia
Due to Brights Disease
Due to
Other conditions Hypertension
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION
6 mos
13 days

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ✓ Date of ✓
Where did injury occur? ✓ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ✓ Injured at work? ✓

23. SIGNATURE P. Blewer, MD M. D. or other
Address St Michaels Md Date signed 10.14.40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 6 1940
U. S.

10904

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH (97)

Reg. Dist. No. 293.

1. PLACE OF DEATH:

County Talbot

City or town Rural, Easton Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 60 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Talbot

City or town Rural Easton Md
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war ✓

3.(a) FULL NAME Susie Ann Morgan.

3.(b) Social Security Number ✓

4. Sex F.

5. Color or race W.

6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife Richard T. Morgan

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Mch. 13, 1856

8. AGE: Years 83 Months 6 Days 19 If less than one day ..... hrs. ..... min.

9. Birthplace Caroline County Md
(Town, county, and state)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name John Wesley Pinggold
13. Birthplace Md

MOTHER
14. Maiden name Sarah Ann Wright
15. Birthplace Md.

16. Informant Mrs. Edward A. Dudley

Address Rural, Easton Md.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof Oct. 5, 1940 (month) (day) (year)

Cemetery or crematory Spring Hill

Location Easton Md.

18. Funeral director James A. Spence

Address Easton Md.

19. 10/4 1940 (Date rec'd by registrar) J. L. Gardner Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 2 1940, at P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1940, to Oct 2 1940

and that I last saw her alive on Jan 30 1940

Immediate cause of death — DURATION

Senility

Arteriosclerosis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature] M. D.
M. D. or other

Address Easton Md Date signed 10-3-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 3 1940
BUREAU U.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10905

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot.

City or town Rural Easton.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Talbot.

City or town Rural Easton.
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Francis Marie Pardoe

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	W.	Single

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 11, 1935

8. AGE: Years	Months	Days	If less than one day
5	9	18	hrs. min.

9. Birthplace Easton, Talbot Co. Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Carlton L. Pardoe
13. Birthplace Md.

MOTHER
14. Maiden name Flossie Marie Patchen
15. Birthplace Md.

16. Informant Carlton L. Pardoe
Address Easton Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 31, 1940 (month) (day) (year)

Cemetery or crematory Spring Hill

Location Easton Md

18. Funeral director James A Spence

Address Easton Md.

19. 10/30 1940 (Date rec'd by registrar) N. H. Norris Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 29th 1940 19 at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 28 19 40 to 19

and that I last saw h.. alive on Oct. 28 19 40

Immediate cause of death	DURATION
Diphtheria with Streptococcic Infection	7 days.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. C. Reesman M. D. or other

Address Easton, Md. Date signed 10/31/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

NOV 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10906

Reg. Diat. No. 240

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Talbot
City or town Easton (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
Emergency Hospital
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Talbot (Queen Anne's)
City or town Queenstown (If outside city or town limits, write RURAL and give nearest town)
Street No. (If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Wilkins

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Black	

6.(b) Name of husband or wife
6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 28, 1940

8. AGE: Years | Months | Days | If less than one day hrs. min.

9. Birthplace Easton Md. (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Joshua Wilkins

13. Birthplace ? Maryland.

MOTHER 14. Maiden name Dorothy Bailey

15. Birthplace Wye Mills, Md. (Queen Anne Co.)

18. Informant Dorothy Wilkins
Address Queenstown, Md.

17. Cremation (Burial, cremation, or removal. Which?) Date thereof 10/29/40 (month) (day) (year)
Cemetery or crematory Emergency Hospital
Location Easton

18. Funeral director Emergency Hospital
Address Easton

19. 10/29 1940 (Date rec'd by registrar) N. H. Merrill Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 28 1940, at 9:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Still born Fetus	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE [signature] M. D.
M. D. or other
Address Easton, Md. Date signed 10/30/40

RECEIVED
NOV 6 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-6)

10907

CERTIFICATE OF DEATH

Reg. Dist. No. 29

1. PLACE OF DEATH:

County TALBOT

City or town near TRAPPE- Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? life

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State same County Talbot

City or town Rural near Trappe Md
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME SAMUEL ROZIER

3.(b) Social Security Number

4. Sex MALE

5. Color or race COLORED

6.(a) Single, married, widowed, or divorced SINGLE

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MARCH 8, 1922

8. AGE: Years 18 Months 7 Days 4 If less than one day hrs. min.

9. Birthplace near Trappe, Md
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Farm

FATHER
12. Name John Rozier
13. Birthplace Md

MOTHER
14. Maiden name Adell Green
15. Birthplace Md

16. Informant Adell Nixon
Address Trappe, Md.

17. burial (Burial, cremation, or removal. Which?) Date thereof 10-15-40 (month) (day) (year)

Cemetery or crematory Trappe Cemetary

Location near Trappe, Md.

18. Funeral director James A. Spence
Address Easton, Md.

19. Oct 14 1940 (Date rec'd by registrar) Joseph A. Cox Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH OCTOBER 12 1940 19 , at 8:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that [redacted]
19 , to 19
and that I last saw h alive on 19

Immediate cause of death Pulmonary Tuberculosis — DURATION 1-2yrs

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Louis D. Wetty
Dep. Med. Examiner M. D. or other
Address Easton, Md. Date signed 10-14-40

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NOV 6 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-B)

CERTIFICATE OF DEATH

10908

Reg. Dist. No. 37

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Talbot

City or town Bruceville Dappy rural)

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Entire life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Talbot

City or town Bruceville Md. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. (Dappe rural)

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William Sowland

3. (b) Social Security Number

4. Sex male | 5. Color or race white | 6. (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Emma Laird

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) April 5 - 1848

8. AGE: Years 92 | Months 5 | Days 29 | If less than one day ____ hrs. ____ min.

9. Birthplace Talbot Maryland (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Thomas Laird

13. Birthplace Dorchester Co.

MOTHER 14. Maiden name Louise Twilley

15. Birthplace Dorchester Co

16. Informant George Watts

Address Dappe Md RD

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10 - 15 - 1940 (month) (day) (year)

Cemetery or crematory Landing Neck

Location near Easton

18. Funeral director Maurice E. Newnam & Son

Address Easton Md.

19. Oct 14 1940 (Date rec'd by registrar) Joseph A Coss Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 13 1940, at 7 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 1939 to Oct 13 1940, and that I last saw him alive on Oct 12 1940.

Immediate cause of death Carcinoma of the Stomach — DURATION

Due to ____

Due to ____

Other conditions ____

(Include pregnancy within 3 months of death)

Major findings:

Of operations ____

Of autopsy ____

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE Joseph A Coss M. D. or other

Address Dappe Md Date signed 10/14/40

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NOV 6 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-a)

10909

CERTIFICATE OF DEATH

Reg. Dist. No. 292

1. PLACE OF DEATH:

County Talbot

City or town Rural, Trappe, Md
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 months

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Talbot

City or town Rural, Trappe
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war ✓

3. (a) FULL NAME Virginia E. Schwanninger

3. (b) Social Security Number ✓

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	W.	Widowed

6.(b) Name of husband or wife Eugene Schwanninger

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Dec. 29, 1868

8. AGE:

Years	Months	Days	If less than one day
71	10	—	..... hrs. ..... min.

9. Birthplace Talbot County, Md
(Town, county, and state)

10. Usual occupation Retired (Housekeeper)

11. Industry or business

FATHER
12. Name Wm Lyons
13. Birthplace Md.

MOTHER
14. Maiden name Emily A. Seymour
15. Birthplace Md.

16. Informant Mr. Walter R. Schwanninger
Address Easton, Md. R.D.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Nov 1st 1940
(month) (day) (year)

Cemetery or crematory Spring Hill

Location Easton, Md.

18. Funeral director James A. Spence
Address Easton, Md.

19. Oct 30 1940
(Date rec'd by registrar)
Joseph A. Ross
Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 29, 1940 19..... at 5:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1938, to Oct 29 1940 and that I last saw her alive on Oct 28, 1940 19.....

Immediate cause of death	DURATION
Cerebral hemorrhage (2d)	3 days
Due to Arteriosclerosis	2 years
Due to	
Other conditions Acute myocarditis	3 mos.

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Joseph A. Ross M.D.
M. D. or other

Address Trappe, Md. Date signed 10/30/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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NOV 6 1940
U. S. DEPT. OF AGRICULTURE

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

Dn Cop 10910

CERTIFICATE OF DEATH

Reg. Dist. No. 293

1. PLACE OF DEATH:

County Talbot

City or town Near Cordova Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 77 yrs

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Talbot

City or town Rural near Cordova Md
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war ✓

3.(a) FULL NAME Annie Merrick Smith.

3.(b) Social Security Number ✓

4. Sex F.

5. Color or race W.

6.(a) Single, married, widowed, or divorced Widowed.

6.(b) Name of husband or wife Lewis C. Smith.

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Dec. 23 - 1862

8. AGE: Years 77 Months 9 Days 26 If less than one day ..... hrs. ..... min.

9. Birthplace Talbot County, Md.
(Town, county, and state)

10. Usual occupation Retired.

11. Industry or business

FATHER
12. Name George W. Merrick
13. Birthplace Md

MOTHER
14. Maiden name Matilda Roe
15. Birthplace Md.

16. Informant Howard Smith
Address Easton, Md. R.D.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Oct. 22, 1940
(month) (day) (year)

Cemetery or crematory Spring Hill
Location Easton Md

18. Funeral director James A. Spence.
Address Easton. Md

19. 10-21 1940.
(Date rec'd by registrar)

J. L. Gardner
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/19/40 19..... at ..... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8-20- 1938, to 10-19- 1940

and that I last saw her alive on 10-19- 1940

Immediate cause of death	DURATION
Hemiplegia, left	2 yrs
Cerebral Hemorrhage. Duration: two years	
Due to Hypertension cwts	4 yrs
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE B Cox M.D.
M. D. or other

Address Easton Md Date signed 10-20-40.

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DEC 3 1940
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10911

Reg. Diat. No. 492

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Talbot
City or town: Rural, Near Trappe, Md
(If outside city of town limits, write RURAL and give nearest town)
How long in above place of death? about 3 days
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Talbot
City or town: Rural, Near Trappe, Md
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Mary Jane White

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Married

6.(b) Name of husband or wife: James White
6.(c) If alive, give age: 40 years

7. Birth date of deceased (mo., day, yr.): about 1880

8. AGE: Years: 60 | Months: Unknown | Days | If less than one day: hrs. min.

9. Birthplace: Talbot Co Md
(Town, county, and state)

10. Usual occupation: Housework

11. Industry or business

FATHER
12. Name: Unknown
13. Birthplace: "

MOTHER
14. Maiden name: "
15. Birthplace: "

16. Informant: James White
Address: Trappe Md R.D

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10/18/40 (month) (day) (year)
Cemetery or crematory: Trappe
Location: Trappe Md.

18. Funeral director: James A. Stevens
Address: Easton Md

19. Oct 17 1940 (Date rec'd by registrar) Joseph Cox Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 14th 1940, at 8 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 1939 to October 1940
and that I last saw her alive on October 14th 1940

Immediate cause of death: Carcinoma of the liver — DURATION: 1 Yr.

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: William S. Seymour M. D. or other
Address: Trappe Md Date signed Oct. 15/40

RECEIVED
NOV 6 1940
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 115-C

10912

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Emergency Hospital

How long in hospital or institution? 1 dus.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Talbot

City or town Cordova, R.D. #3
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Russell Wilson

3. (b) Social Security Number no

4. Sex: Male

5. Color or race: Colored

6.(a) Single, married, widowed, or divorced: Single

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 28, 1925

8. AGE: Years 15 Months 8 Days 12 If less than one day hrs. min.

9. Birthplace Talbot Co. Md.
(Town, county, and state)

10. Usual occupation School boy

11. Industry or business

FATHER
12. Name Edward Wilson
13. Birthplace Md.

MOTHER
14. Maiden name Lucy Nichols
15. Birthplace Md.

16. Informant Edward T. Wilson
Address Cordova Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10/12/40 (month) (day) (year)

Cemetery or crematory Old Chapel

Location Cordova Md.

18. Funeral director Carl W. Stafford
Address Easton Md.

19. 10/10 1940 (Date rec'd by registrar) N. H. Neeries Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 9 1940, at 1:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 7 1940, to Oct. 9 1940 and that I last saw him alive on Oct. 9 1940

Immediate cause of death: Aspiration of pus — DURATION: immediate

Due to Rupture of Peritonsillar Abscess left — 3 days

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. N. Palmer M. D. or other

Address Easton Md. Date signed Oct 10 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

NOV 6 1940
BUREAU V. S.